



L.B.F. 2016-4

STATEMENT OF PRO SE DEBTOR

Debtor's Name ConnectAcare Network Case No. 23-13550

Address 1542 Haines St Chapter of Case 7

Telephone Number (home) 484-734-5887 Date Case Filed 11-22-2023

Telephone Number (work) None

1. List the name, address, and telephone number of any person or business assisting you in filing or preparing papers for this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. State how you were referred to the person or business named above or the source of advertisement you responded to.

\_\_\_\_\_

3. a. Total fee charged by person or business named above \$ 0

- b. Amount of fee paid as of the date you filed bankruptcy \$ 0

- c. Did the preparer tell you the amount of court costs that must be paid to file your case?

YES

NO

(circle one)

4. Were various chapters or types of bankruptcy explained to you?

YES

NO

(circle one)

Other Comments \_\_\_\_\_

5. Did the preparer explain to you that you have the right to claim certain property as exempt?

YES

NO

(circle one)

6. Did the preparer give you a copy of the papers he prepared for you?

☒ YES

☐ NO (circle one)

Date:

12/4/2023

By: Bennie R Pottinger Nearst